

RESPONDENTS: SEND THIS COPY TO THE REGIONAL CHAIR ONLY. DO NOT SEND THIS INFORMATION TO THE DIRECTOR.

KCACTF: REGION VII: RESPONDENT'S REPORT

Play: _____ Produced by: _____

Date Seen: _____ Director: _____

_____ Participating Production _____ Associate Production

Irene Ryan Nomination (By Department): _____

Irene Ryan Nomination (By Respondent): _____

(For Participating Productions only)

Irene Ryan Nomination (By Respondent): _____

Certificates of Merit:

_____ for _____
_____ for _____
_____ for _____
_____ for _____
_____ for _____

For Participating Productions Only:

Recommendation for inclusion in Regional Festival

- _____ Highly Recommend - Outstanding Production
- _____ Recommend - Good Production
- _____ Marginal - Good elements, but some important weaknesses
- _____ Do not recommend

Other details to consider about the production:

Respondent Name: _____

Respondent's School: _____

Respondent's Phone: _____

Respondent's Email: _____

Please return to: **Leigh Selting, Region Chair**

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1000 E. University Ave.
Dept. 3951
Laramie, WY 82071-3951